

but the tumor at that time was very much smaller and gave no inconvenience to the patient, and it was, therefore, deemed inadvisable to interfere with it. Since then, however, owing to gradual enlargement and increasing pain, the swelling prevented him from following his occupation. The tumor was of the size and shape of a small orange, of firm consistence, and located a little to the right and below the level of the umbilicus. It was freely movable within a limited area, dull to percussion, painful on manipulation. Abdominal section was performed at the earnest request of the patient. The peritoneum having been reached, a large fold of omentum was turned to one side and a hard rounded mass was felt just above the transverse colon, imbedded among the layers of the meso-colon. The tumor was gradually separated from its surroundings, without difficulty, and removed. Deep silk and superficial catgut ligatures were used and iodoform dressings. The carbolic spray was kept going in the room during the operation. On section afterward the tumor was found to be a hydatid cyst, crowded with daughter cysts. The operation was done July 10; on the 17th the wound was found to have healed. Patient was discharged August 7, cured.—*Lancet*, Aug. 25, 1888.

H. PERCY DUNN (London).

**VI. A Means for the Reduction of Hernia.** By G. S. PERRO. After raising the pelvis upon a pillow, the thighs are flexed and abducted. The scrotum and hernia are seized with the left hand, elevated toward the abdominal walls and pressure made upon them. At the same time the index finger of the right hand is passed into the inguinal canal, and by a boring and rotating motion pressure is directed toward the horizontal portion of the os pubis. After a time the strangulated portion returns into the abdominal cavity, whereupon the other portions follow. The author cites 6 cases in which he succeeded in reducing strangulated inguinal hernia, in which failure had followed taxis by the ordinary method.—*Medieziniskoje Oborsenje*, 1887, No. 15.

**VII. Colotomy in Two Stages.** By A. KNIE (Moscow). After the abdominal cavity is opened from the xyphoid process to the umbilicus, a length of from 6 to 8 cm., the wound edges are hemmed or

'over-seamed" to the peritoneum, the mesentery is divided and the colon drawn out into the incision and an opening made through the meso colon, care being taken to spare the vessels. The abdominal cavity is closed behind the isolated portion of intestinal tube in such a manner as not to interfere with its circulation, 2 or 3 sutures being applied to the left as well as to the right of the prolapsed colon. This latter can be opened in a transverse direction after the lapse of 4 to 6 days, or it may be resected.

There is one palpable objection to this procedure, and it is pointed out by the author. It can only be done upon the transverse colon, for it pre-supposes a somewhat moveable section of intestinal canal.—*Centralblatt f. Chirurgie*, No. 18, 1888.

G. R. FOWLER (Brooklyn.)

#### BONES, JOINTS, ORTHOPÆDIC.

**I. Conservative Treatment of Ichorous Inflammation of the Knee-Joint.** By DR. JULIAN A. KOSMOVSKY (Arkhangelsk, Russia).—A male peasant, æt. 33, of middling make and health, accidentally wounded his left knee with a carpenter's axe, the wound measuring two inches, and being situated 3 cm. outward from the upper third of the patella. The injury was followed by moderately severe bleeding which was stopped by freely pouring commercial concentrated nitric acid into the wound. For a few days a considerable quantity of a sanguinolent synovial fluid was escaping from the incision, the man staying at home, but otherwise regarding the whole matter as a mere trifle. In a week or so the wound "healed," as he thought, and accordingly he returned to his heavy work. On the next day, however, the wound "opened" again (the scab, probably, fell off) to profusely discharge thenceforward pus mixed with synovial secretion, while there appeared intense pains and swelling, accompanied with fever. The symptoms rapidly growing intolerable even for a Russian peasant (whose patience and endurance are truly phenomenal), the man sought his admission to the Emperor Alexander's Hospital. On examination on the eleventh day after the accident, his knee was found to be flexed and mightily swollen, tense and red, exceedingly